U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AUS 15 2005			
1. File Number U - 6660	2. Fiscal Year Covered From:		
	1 /1 /04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name DAVID A. GRAGE	Name TEAMSTERS LU #1763		
	Labor Organization File Number 04476/		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 14447 SE 2962h	Street 553 JOHN 57.		
CITY KENT GBOY:	2 City SEATTLE 98109-5085		
State WA ZIP Code + 4	State WA ZIP Code + 4		
5. Position in labor organization. SECRETARY - TREASURER			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in monetary value from an employe	transactions (including loans) wer whose employees your orga	ith, or derived income or other economic benefit of anization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		7.b. Amount.	
City			
State	ZIP Code + 4		
		Signatura	

Signature

15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	
Signed Wulh Mag	200-441-0763 Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with mo substantial part of which consists of buying from, selling or leasing to of an employer whose employees your labor organization represents (2) any part of which consists of buying from or selling or leasing dire dealing with your labor organization or with a trust in which your labor.	o, or otherwise dealing with the business or is actively seeking to represent, or actively seeking to represent, or	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covere or from any labor relations consultant to an employer any payment of	d under parts A and B above) money or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:	÷	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	